

Volunteer's Name: _____
Last First Middle

Contact Information

E-Mail Address: _____ Cell Phone: _____

Employer: _____ Position: _____

Work Phone: _____ Home Phone: _____

Please describe your previous volunteer experience: _____

(Use an additional sheet if necessary)

Emergency Information

Contact Name: _____ Relationship: _____ Phone: (____) _____

Your Physician: _____ Phone: (____) _____

BACKGROUND CHECK AUTHORIZATION

Your signature below authorizes Lifegate Christian School and Criminal Information Services, Inc. to obtain information about you (if applicable) from various law enforcement agencies, courts, and corrections agencies.

Please complete all information below. Please print.

Full Legal Name: _____ Male _____ Female _____

Current Address: _____

Other Names Used: _____
(Maiden, alias, legal name change, etc.)

DOB: _____ DL#: _____ State: _____

Previous Addresses in past 7 years: _____

Have you ever been convicted of any crime? Yes _____ No _____

If "Yes," Explain: _____

I have reviewed and completed this form as applicable to me. I give Lifegate Christian School permission to verify any information I have provided. This authorization shall continue to be effective until revoked by me. A photocopy of facsimile of this consent shall be as effective as the original. By my signature, I affirm that all information on this form is true and accurate.

Volunteer Applicant's Signature

Date

Confidentiality Statement

Confidentiality is the preservation of privileged information concerning the student, which is disclosed in a working relationship. Part of what you learn is necessary to provide services to the student; other information is shared within the development of a helping, trusting relationship. Therefore, most information gained about a student is confidential, and disclosure could make you legally liable, or could damage your relationship with the student and make it difficult to help the student.

All records regarding students must be treated as confidential.

Before you begin your assignment as a volunteer you should be aware of the laws and penalties of breaching confidentiality. Violation of the Oregon Revised Statutes regarding confidentiality of records is punishable upon conviction by a fine of not more than \$1,000 or by imprisonment in the county jail for not more than 60 days, or both.

My signature below certifies that I have read and understand the material above. I understand my duty to abide by the laws and policies regarding the preservation of confidential information.

Volunteer Applicant's Signature

Date

Reporting Student Abuse

As defined in Oregon law, student abuse includes the following five categories:

- Physical
- Mental
- Sexual
- Neglect
- Threatened Harm

Oregon law designates school employees and certain other professionals as mandatory reporters, which means that when they have reasonable cause to believe a student is being abused or a person has abused a student, they must make a report to Services to Children and Families (SCF) or a law enforcement agency (police, sheriff, county juvenile department).

Volunteers are mandatory reporters. If you suspect abuse, or if a student reveals abuse, do not act shocked, but close the conversation as gracefully as possible and contact the school administrator or counselor as soon as possible.

Volunteer Applicant's Signature

Date